

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADMITTED AS2000-201		ADMITTED AS2000-202	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		1				
7		1				
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TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

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	CID	DEP	CID	DEP	CID	DEP
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